## FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
IFORM LIMITED OFFERING EXEMPTION

L	OMB APPROVAL						
Γ	OMB Number	3235-0076					
ĺ	Expires:	May 31, 2005					
1	Estimated average	burden					
İ	hours per response	1.00					

SEC USE ONLY					
Prefix	Serial				
DATE R	RECEIVED				

Name of Offering ( check if this is an amend Bridge Financing	dment and name has changed, and indicate change.)	
Filing Under (Check box(es) that apply):	Rule 504 Rule 505 Rule 5	06 Section 4(6) ULOE
Type of Filing: New Filing Ame	ndment	
	A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issu	uer	
Name of Issuer ( check if this is an amend PlayNetwork, Inc.	dment and name has changed, and indicate change.)	04011512
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
8727 - 148th Ave. NE, Redmond, WA 98052		(425) 497-8100
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
Same		
Brief Description of Business		
Provider of background music.		PROCESSED
Type of Business Organization		MAR 1 2 2004
orporation	limited partnership, already formed	other (please specify):
business trust	limited partnership, to be formed	THOMSON FINANCIAL
Actual or Estimated Date of Incorporation or Org	Month Year ganization: 1 1 9 4	
Jurisdiction of Incorporation or Organization:	(Enter two-letter U.S. Postal Service Abbreviation CN for Canada; FN for other foreign jurisdiction)	for State: W A

## **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

## State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form diaplays a currently valid OMB control number.

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2. Enter the information req	uested for the following	lowing:			
• Each promoter of the	ne issuer, if the iss	uer has been organized wi	ithin the past five years;		
<ul> <li>Each beneficial ov securities of the issue</li> </ul>		power to vote or dispos	se, or direct the vote or	disposition of, 1	0% or more of a class of equity
<ul> <li>Each executive offi</li> </ul>	cer and director o	f corporate issuers and of	corporate general and mana	aging partners of p	partnership issuers; and
<ul> <li>Each general and m</li> </ul>	anaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Brotman, Adam	if individual)				
Business or Residence Addr 8727 – 148 <sup>th</sup> Ave. NE, Red			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Redman, Heather	if individual)				
Business or Residence Addr 8727 – 148 <sup>th</sup> Ave. NE, Red			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Wolf, William	if individual)				
Business or Residence Addr 8727 – 148 <sup>th</sup> Ave. NE, Rec			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Purcell, Ken	if individual)				
Business or Residence Addr 8727 – 148th Ave. NE, Red			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Denmark, Richard	if individual)				
Business or Residence Addr 8727 – 148 <sup>th</sup> Ave. NE, Red			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Sibucao, Robin	if individual)				
Business or Residence Addr 8727 – 148 <sup>th</sup> Ave. NE, Red			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Chartwell Capital Investo					
Business or Residence Addr One Independent Drive, S	,		de)		

A. BASIC IDENTIFICATION DATA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	e e e e e e e e e e e e e e e e e e e	A. BASIC IDENTI	FICATION DATA (Coi	ı't)	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Edgewater Private Equity					
Business or Residence Adda 900 North Michigan Aver			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, Talon Opportunity Fund,					
Business or Residence Addr One North Franklin, Suit			de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addi	ress (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)			**************************************	
Business or Residence Addr	ress (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addi	ress (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Adda	ress (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de)		
	(Use bla	nk sheet, or copy and use a	dditional copies of this she	et, as necessary.)	

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1. Has th	e issuer sold	, or does the	e issuer inter	nd to sell. to	non-accredi	ited investor	s in this offe	ering?	**********	••••••	Yes	No ⊠
11 1100 111					Column 2, if i					•••••		
2. What	is the minim					•				•••••	<b>\$</b>	N/A
				r	,						Yes	No
3. Does t	he offering p	ermit joint	ownership o	f a single u	1it?	·····					🛛	
similar an asso or dea	r remuneration ociated person	on for solici on or agent of than five (5)	tation of pur of a broker o ) persons to	chasers in c r dealer reg	connection w	ith sales of the SEC and	securities in 1/or with a s	the offering	If a perso i, list the na	commission on to be listed me of the bro forth the	is	
Full Name	e (Last name	first, if indi	vidual)									
Business	or Residence	Address (N	umber and S	Street, City,	State, Zip C	ode)						
Name of A	Associated B	roker or Dea	aler									· · · · · · · · · · · · · · · · · · ·
States in \	Which Person	n Listed Has	s Solicited o	r Intends to	Solicit Purc	hasers	<del>_</del>	<del></del>				
(Check "A	All States" or	check indiv	idual States	)		**************						States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL) [MT]	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Business	or Residence	Address (N	lumber and S	Street, City,	State, Zip C	ode)	<u> </u>					<del></del>
Name of A	Associated B	roker or De	aler									
States in 1	Which Person	n Listed Has	s Solicited o	r Intends to	Solicit Purc	hasers	<del></del>					
												_ <del></del>
•		check indiv	vidual States	•								States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
•				•	[CO] [LA] [NM]		[DE] [MD] [NC]	[DC] [MA] [ND]	[FL] [MI] [OH]	[GA] [MN] [OK]		
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY]	[LA]	[CT] [ME]	[MD]	[MA]	[MI]	[MN]	[HI] [MS]	[ID] [MO]
[AL] [IL] [MT] [RI]	[AK] [IN] [NE]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ]	[LA] [NM]	[CT] [ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
[AL] [IL] [MT] [RI] Full Name	[AK] [IN] [NE] [SC] e (Last name	[AZ] [IA] [NV] [SD]  first, if indi	[AR] [KS] [NH] [TN] ividual)	[CA] [KY] [NJ] [TX]	[LA] [NM]	[CT] [ME] [NY] [VT]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
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[AL] [IL] [MT] [RI] Full Name  Business	[AK] [IN] [NE] [SC] e (Last name or Residence	[AZ] [IA] [NV] [SD] e first, if indice Address (N	[AR] [KS] [NH] [TN] ividual)	[CA] [KY] [NJ] [TX]	[LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[HI] [MS] [OR]	[ID] [MO] [PA]
[AL] [IL] [MT] [RI] Full Name  Business of August 1985  States in Visite 1985  States in Visite 1985  [RI]  [RI]  [RI]  [RI]  [RI]  [RI]  [RI]	[AK] [IN] [NE] [SC] e (Last name or Residence	[AZ] [IA] [NV] [SD] efirst, if indi	[AR] [KS] [NH] [TN] ividual)  Number and Saler	[CA] [KY] [NJ] [TX]  Street, City,	[LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA]
[AL] [IL] [MT] [RI] Full Name  Business of A  States in V (Check "A [AL]	[AK] [IN] [NE] [SC] e (Last name  or Residence  Associated B  Which Perso All States" or [AK]	[AZ] [IA] [INV] [SD]  e first, if individe Address (No. 1)  Broker or De  In Listed Hard the check individed [AZ]	[AR] [KS] [NH] [TN] ividual)  Number and S aler  s Solicited o vidual States [AR]	[CA] [KY] [NJ] [TX]  Street, City,	[LA] [NM] [UT]  State, Zip C	[CT] [ME] [NY] [VT]  Code)	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
[AL] [IL] [MT] [RI] Full Name  Business of A  States in V (Check "A	[AK] [IN] [NE] [SC] e (Last name or Residence Associated B Which Perso All States" or	[AZ] [IA] [INV] [SD]  e first, if individual in the control of the	[AR] [KS] [NH] [TN] ividual)  Number and Saler  s Solicited ovidual States	[CA] [KY] [NJ] [TX]  Street, City,	[LA] [NM] [UT]  State, Zip C	[CT] [ME] [NY] [VT]	[MD] [NC] [VA]	[MA] [ND] [WA]	[MI] [OH] [WV]	[MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

#### C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold Debt ..... 3,000,000 500,000 Equity ..... 0 \$ Preferred Common Convertible Securities (including warrants) ..... Partnership Interests ..... \$ 0 \$ Other (Specify \_\_\_\_\_)..... 0 0 \$ \$ Total ..... 3.000.000 \$ 500,000 Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Number Dollar Amount Investors of Purchases 500.000 Accredited Investors Non-accredited Investors Total (for filings under Rule 504 only)..... \$ Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Security Sold Type of offering Rule 505 ..... Regulation A ..... Rule 504 ..... Total ..... a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees ..... Printing and Engraving Costs ..... Legal Fees ..... $\boxtimes$ \$ 10,000 Accounting Fees

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\$

<u>\$</u>

\$

10,000

Engineering Fees .....

Sales Commissions (specify finders' fees separately) ......

	b. Enter the difference between the aggregate Question 1 and total expenses furnished in difference is the "adjusted gross proceeds to the	response to Part C - Question 4.3	a. Thi	is	_5	2,990,000	<u>)                                    </u>
5.	Indicate below the amount of the adjusted gross used for each of the purposes shown. If the ameestimate and check the box to the left of the est equal the adjusted gross proceeds to the issuer above.	ount for any purpose is not known, timate. The total of the payments l	furnish isted m	an ust			
				Payments to Officers, Directors, & Affiliates		Payments To Others	
	Salaries and fees			) 		\$	<del></del>
	Purchase of real estate		<u></u>	S		\$	<del></del>
	Purchase, rental or leasing and installation	of machinery and equipment	□ §	3		\$	_
	Construction or leasing of plant buildings	and facilities	□ §	<u> </u>		\$	<del></del>
	Acquisition of other businesses (including this offering that may be used in exchange another issuer pursuant to a merger)	for the assets or securities of	□ s	<b>S</b>		\$	
	Repayment of indebtedness			3		\$	
	Working capital			3		\$ 2,990,000	<u>0</u>
	Other (specify):						
			$\Box$	•	$\Box$	<b>C</b>	
	Column Totals				- 🗔	\$ 2,000,000	
						\$ 2,990,000	
	Total Payments Listed (column totals adde	ea)		⊠ <u>s</u>	<u> </u>	<u>2,990,000</u>	
n				W. W	ndak sinzak		
(°) 1832		D. FEDERAL SIGNATUR	E,				
sigi	e issuer has duly caused this notice to be signed be nature constitutes an undertaking by the issuer to formation furnished by the issuer to any non-accred	furnish to the U.S. Securities and I	Exchang	ge Commission,			
ssı	uer (Print or Type)	Signature		**************************************	····	Date 3/10/	04
	me of Signer (Print or Type)	Title of Signet Print or Type	:)				
4a	lam B. Brotman	CEO and President					
				······································			

C: OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

**ATTENTION** 

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)